

The S.M.A.R.T. Youth Enrichment Program

(This is a FREE Program)



Participant Registration Form

A participant's parent or guardian must complete and sign this form before taking part in the program.

This is a drop-in program, so participants will be allowed to come and go as they wish and we will not be able to notify parents or guardians when this takes place. Participants may be asked to leave if they violate the code of conduct on the reverse of this page.

The S.M.A.R.T. Youth Enrichment Program is a volunteer-based association				
We strive to provide Students in Grades 1 to 12 with access to free Programs such as...				
Sports	Mentoring	Arts	Recreation	Tutoring
Soccer Basketball Volleyball Floor Hockey etc.	To demonstrate the benefits of community involvement	Crafts Music Choir/ Voice Dance Painting, etc.	Board Games Card Games etc.	Reading Writing Math Science, etc.

Youth's Name : _____

Youth's Grade & School: _____

Parent or Guardians Name(s): _____

Parent or Guardians Phone(s) & Email(s): _____

I hereby give permission for my youth (mentioned above) to participate in S.M.A.R.T. Youth Enrichment Programs. I understand that the program has an Open-Door/Drop-in Policy and is not responsible for the time or manner in which participants arrive and leave from the program, and that no supervision is provided outside of the program hours. I understand that a food snack may be provided. I also understand that there are risks involved in any program and I acknowledge that my choice to register my youth in this program brings with it the assumption by me of those risks. I do hereby release P. Shawn Murphy and all other S.M.A.R.T. Youth Enrichment Program staff, organizers, volunteers and agents from any claim whatsoever arising from my youth's participation in this program.

Parent / Guardian's Name (Print)

Parent / Guardian's (Signature)

Date

Personal information, as defined by the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA), including (but not limited to), names, addresses, medical/physical concerns, may be used to draft participant lists, and therefore will be made available to P. Shawn Murphy and all other S.M.A.R.T. Youth Enrichment Program staff, organizers, volunteers and agents.

Questions regarding any of the above may be directed to P. Shawn Murphy Email: SMART.YEP.2023@gmail.com or Phone: 613389-9950

The undersigned acknowledges the statements below and agrees with the following:

I understand that the S.M.A.R.T. Youth Enrichment Program is simply a term used by an association of like-minded community volunteers, whose goal it is to promote, and/or facilitate, youth programs and activities designed to help the youth in our community explore their creative interests, achieve educational success, develop leadership skills, and take stewardship of their future. The vision of these volunteers is to help create a future in which our youth flourish, the sense local of community is strong, and society thrives.

S.M.A.R.T. Youth Enrichment Program

Code of Conduct

Respect Yourself & Others
Play by the Rules of the Game(s) and Be Honest
Avoid Inappropriate Language
Resolve Disagreements in a Positive Way
Say Only Good Things about Each Other
Take Good Care of all Facilities, Equipment and Resources associated with this program
Be Respectful of all Program Organizers, Volunteers and Visitors

The following are a list of Very Serious Behaviors that will result in immediate suspension and depending on the severity of the behavior, police or 911 may be called.

Fighting

Physical Endangerment, (i.e., fighting, use, or possession of, weapons, drugs, alcohol, cigarette or vaping products)
Destruction or Theft of Property
Racial or Sexual Harassment

Re-entry into the program will be considered following a parent/guardian interview with the program coordinator.

I acknowledge that I have read and understood the above Code of Conduct and that I voluntarily agree to comply

Youth's Signature

Parent(s) or Guardian(s) Signature(s)

Medical Information

Does your child have any physical or medical restrictions? Yes / No If
yes, please specify:

Is your child taking any medications we should know about, (i.e. EpiPen, Allergies, etc.)?
If yes, please specify:

Does your child have any food allergies or restrictions that would prevent them from receiving a snack?
If yes, please specify:

Alternate Emergency Contact: Name: _____, Phone: _____ Relationship to Youth: _____